

VA Natalizumab (Tysabri®) Clinical Monitoring Program
Annual Registry Update

Directions: Please complete registry update annually or as indicated for clinic follow-up (i.e., transfer to another VA, change in status, change in disease type, MRI changes, etc.).

Date of Evaluation: ____/____/____

VAMC Healthcare Provider: _____

VAMC Provider Phone #: _____ Email: _____

Name of VA Facility: _____

VAMC Location (City): _____ State: _____ Facility/Station #: _____

☐ Check here if transferring natalizumab (Tysabri®) treatment from another VA.

Name of Patient (first, last name): _____

Date of Birth: ____/____/____

Patient's Four Digit VA Code: ____

1. MS Disease Subtype:

☐ Relapsing-remitting ☐ Secondary-progressive with relapses ☐ Progressive-relapsing

2. Number of relapses since starting natalizumab (Tysabri®) (total): _____

3. MS Disability at time of annual evaluation:

a. Expanded Disability Status Scale (Kurtzke J, et al *Neurology* 1983;13:1444) *check box*:

<input type="checkbox"/> 0	<input type="checkbox"/> 2.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> 4.0	<input type="checkbox"/> 5.0	<input type="checkbox"/> 6.0	<input type="checkbox"/> 7.0	<input type="checkbox"/> 8.0	<input type="checkbox"/> 9.0
<input type="checkbox"/> 1.0	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5.5	<input type="checkbox"/> 6.5	<input type="checkbox"/> 7.5	<input type="checkbox"/> 8.5	<input type="checkbox"/> 9.5
<input type="checkbox"/> 1.5								

or

b. Provider Determined Disease Steps (Hohol M, et al *Neurology* 1995;45:251) *check box*:

<input type="checkbox"/> 0-Normal	<input type="checkbox"/> 4-Late Cane
<input type="checkbox"/> 1-Mild Disability	<input type="checkbox"/> 5-Bilateral Support
<input type="checkbox"/> 2-Moderate Disability	<input type="checkbox"/> 6-Wheelchair
<input type="checkbox"/> 3-Early Cane	

4. Annual Brain MRI by CMSC Protocol (www.va.gov/ms) completed ☐ Date: ________ (mo/yr)

5. Number of months on natalizumab (Tysabri®): _____

6. Number of doses of natalizumab (Tysabri®) to date: _____

7. Untoward effects related to natalizumab (Tysabri®):

<input type="checkbox"/> Hypersensitivity reaction	<input type="checkbox"/> Infection
<input type="checkbox"/> Hepatotoxicity	<input type="checkbox"/> Anti-natalizumab antibody
<input type="checkbox"/> Other (list): _____	

a. Number of doses of natalizumab (Tysabri®) given before experiencing untoward effects: _____

b. Did any of these untoward effects cause discontinuation of natalizumab (Tysabri®)? ☐ yes ☐ no

Please FAX this form to: Alicia Sloan, MPH, LICSW, Natalizumab Clinical Monitoring Program Coordinator

MS Center of Excellence-West, FAX: **206-277-4827**, VOICE: 206-277-3593

Questions? Email Alicia.Sloan@va.gov

Visit the MSCoE website at www.va.gov/ms; Note: This monitoring project is not a research protocol.